



Critical and Hazardous Materials List

Liberty Lake Planning & Community Development
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Please fill out the following list as per instructions, return to Planning & Community Development, and retain a copy at your place of business. Feel free to make copies, attach additional pages, and/or add explanatory notes, if appropriate.

Company Name: _____

Property Address: _____

PRODUCT 1

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

PRODUCT 2

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

PRODUCT 3

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

PRODUCT 4

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Stroage: _____

PRODUCT 5

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Stroage: _____

PRODUCT 6

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Stroage: _____

PRODUCT 7

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Stroage: _____

PRODUCT 8

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

PRODUCT 9

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

PRODUCT 10

Product and/or Chemical Name: _____

Maximum Quantity (Gals, Lbs, Cu. Ft.): _____

Material Classification: _____

MSDS Sheet etc.: _____

Area Stored and/or Used: _____

Proposed Method of Storage: _____

The above is a true and correct accounting of the chemicals intended to be used and/or stored at the referenced facilities.

Signed by: _____ Date: _____

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Activity SIC Code: _____

Designation: _____ Critical Use Activity: _____ Not a Critical use Activity: _____

Reviewed By: _____ Date: _____